



THIRTY-FIRST ANNUAL REPORT  
OF THE  
SUFFOLK LUNATIC ASYLUM.

DECEMBER, 1868.

1869.

## Visiting Magistrates.

F. G. DOUGHTY, Esq. *Chairman.*

ANDERSON, REV. T.  
ARCHER, REV. C. G.  
BEDINGFIELD, REV. J.  
BENCE, H. A. S. ESQ.  
BROWN, REV. T.  
BURROUGHS, T. D'EYE, ESQ.  
CHEVALLIER, DR.  
CORRANCE, F. S. ESQ.  
DOUGHTY, F. G. ESQ.  
HEIGHAM, J. H. ESQ.  
HILL, REV. C.  
HUDDLESTON, P. ESQ.  
KERRICH, J. ESQ.  
KERRISON, SIR E. C. BART.  
LLOYD, REV. C. W.

LONG, W. B. ESQ.  
MIDDLETON, SIR G. N. BROKE,  
BART.  
OWEN, REV. H.  
PACKE, J. ESQ.  
RODWELL, B. B. H. ESQ.  
ROUSE, R. ESQ.  
ROWLEY, SIR C. R. BART.  
SCHREIBER, F. W. ESQ.  
SHEPPARD, J. G. ESQ.  
STEEL, REV. J. F.  
STEWARD, C. ESQ.  
STEWARD, REV. F.  
WALFORD, C. ESQ.

## REPORT.

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It is with increasing gratitude that the Superintendent has been enabled for a long course of years to report annually the gradual and satisfactory development of those means which have been afforded him for the welfare of the inmates of the County Asylum. When he is able once again to report favourably of its present condition, it is not in the spirit of boasting, as of one desirous of putting off his armour, but of one who feels that his strength to wield it is attributable to that confidence which for so lengthened a period he has retained, and that indulgent interpretation which has ever been placed upon his efforts.

The feature which presents itself most conspicuously in this year's report is the very sudden and unexpected increase which took place, in the earlier months of it, in the number of Female admissions. It is still an unanswered question, to what is this increase attributable: for there *is an increase* independently of that which is apparent, and which arises from that centralization, sanctioned by the Poor Law Removals Act, of throwing the patients' parochial chargeability on the common fund of the Union in which he may be found. It may however afford some satisfaction to investigators to know, that it does not in Suffolk proceed from intoxication. In this respect Suffolk is a moral County, not more than 7  $\frac{1}{2}$  cent. of our agricultural pauper population are suffering from insanity through excessive drinking. It must be related to some distributed excess of brain excitement. But the real causes of this increase of mental derangement all over the country, make a

very subtle and interesting problem, which is engaging the attention of our leading psychologists, but upon which they are far too cautious to dogmatise in the present imperfect degree of insight. Possibly it may be attributable in some measure to the increased circulation, and greater tendency to congestion in the brain, resulting from the abnormal heat prevalent during last summer, or to the poverty of blood from uncertainty of work, or to the greater care in bringing to light each case that may develop. This is a very practical question; inasmuch as the *curative* sphere is bounded by the limits of the Asylum premises, but the *preventive* is co-extensive with the County, or indeed with all England. And it is certain that amongst the wealthier classes, where knowledge spreads and is appreciated, from the best of all motives for the good of suffering man's estate, judicious care and watchfulness and self control, do prevent a vast amount of disease which would break out to the pain of many a family, and tax the existing asylum accommodation of all sorts united.

The subjoined extracts are taken from the Twentieth Annual Report of the Poor Law Board (1867-68.)

“INSANE PAUPERS.—We have caused the lists of lunatics, idiots, and other persons of unsound mind, chargeable to the poor-rates on 1st January, 1867, to be tabulated. It appears from these returns that in 664 unions and single parishes under Boards of Guardians, there were 41,276 insane paupers, of whom 30,905 were lunatics and 10,371 idiots. The number of paupers, inclusive of the insane, was on the same day 963,200. In regard to the sexes of the insane paupers, 18,157 were males, and 23,119 females. These paupers were maintained in the following establishments, viz.:—23,173 in county or borough lunatic asylums; 1,206 in registered hospitals, or in licensed houses; 10,324 in union or parish workhouses; 1,005 in lodgings, or boarded out; 5,568 resident with their relatives”



Patients in the House, December 31, 1867 ...				Males.	Females.	Total.
Admitted in 1868 .....				163	217	380
				59	72	131
				222	289	511
Discharged in 1868 ...				M.	F.	Total.
				24	33	57
Died .....				18	21	39
				42	54	96
In the House this day .....				180	235	415
Admitted, 6 more than last year.						
Discharged, 5 more.						
Died, 15 less.						
There are now 33 more Patients in the House than the corresponding period last year.						

The diminished mortality has tended to keep the Asylum full, and to shew the continued health of a household whose lives are more than ordinarily broadcast with the seeds of death. No disease of an epidemic or contagious character has appeared to cause additional anxiety.

Among the admissions is a woman from Southwold whose mother was formerly a patient of great notoriety. She was in the Asylum many years, and assumed the title of Queen Mary Ann: as her authority was chiefly confined to the laundry where she was constantly employed, she held undisputed sway. Her daughter the subject of hereditary mania, (a graft upon a very fertile stock,) is now under treatment and favourably progressing.

It was imperative that the unlooked for increase of patients should be immediately met by proper accommodation for them. The pressure became inconvenient and hazardous, and upon the subject being brought prominently forward, two special meetings of the County Magistracy took place; one was held at Stowmarket, preparatory to another at the Asylum, when the whole question of providing additional accommodation was taken into consideration. It was found by the Inspecting Committee that such inexpensive alterations might be made in the building as would

afford sufficient room *for the present*. It is not desirable however to hazard an anticipative opinion again, as to what more permanent provision may not be compulsory. The Superintendent has *long* ago urged the erection of small detached buildings such as have been denominated *Pavilion Asylums*: they may be made to present a family character for such inmates as are not disposed to acknowledge the omnipotence of medicine or to show very often much docility in taking it. The County papers refer to something of this kind in progress at the Norfolk Asylum. Provision is being made for fifty additional patients at a cost which certainly is economical, only £60  $\text{£}$  patient. Large palatial residences must from extension alone present many obstacles to individual treatment. It is a simple impossibility to obtain that domestic association which has been the main object in the Suffolk Asylum to secure, in those leviathan establishments where almost thousands reside under one roof. In support of his views the Superintendent has been much encouraged and gratified by recent visits from some of his ablest colleagues, who have noticed and favourably remarked on those domestic ties, which in one common interest and with one object evidently keep the household together. To encourage and to promote this sympathetic unity has been the ceaseless effort of a long life with the insane, to study what may be the fleeting and fluctuating views and suggestions of their minds, and to show that identity of feeling with them in their temporary despondency which soothing *intercourse* will frequently remove. Reason and observation have taught the *experienced* observer that the human mind (sane or insane) is not that isolation which sympathy and social intercourse cannot move. The attendants are more actively and cheerfully employed when they are encouraged to know that they have a friend in the head of the house who is contented to share with them, what has been called the "dignity of danger:" and the

Medical Officer who can carry his own remembrance back (as your Superintendent may) for *half a century*, and trace those progressive improvements in Asylum management which advancing knowledge has made more practical and more general, may be almost tempted to *claim* a kindred relationship to the old patient in Bethlehem Hospital, who complained of sprites stealing his opinions at night and carrying them about to more favoured individuals, to his great disadvantage. Thus said he "I have lived long enough to see others reap honours and emoluments the result of my own brains."

The alterations sanctioned by the special committee consisted of improvements at the end of the laundry, and raising the roof over the coal shed, and placing the chimney at the extremity instead of the middle of the room. A small room was thus made into a large one, and a gloomy and dark one into a cheerful and light one. By the extension of a covered way comfortable accommodation has been obtained for twelve patients, with an attendant's room at the extremity. By this arrangement the most complete inspection of every patient at night has been secured, and the necessity of a night watch entirely superseded.

When the whole of these arrangements are completed and fit for occupation, beds will be obtained for thirty-six patients, and at a cost of course very much below what new buildings would entail. *Alterations* cannot come under the same estimate in expense as that of fresh buildings. Almost every Asylum in England, new or old, is reported as needing *alterations* of some kind even now: and those which have been made in the Suffolk Asylum within the last thirty years would shew, if calculated seriatim, that very great improvements have been made at comparatively very little cost. The House Steward, an officer of forty years standing, will remember that when the Superintendent first entered on his duties in 1831, his first labours were destructive. His work was literally to bind and to



loose; to bind each object of his solicitude by the bands of attachment, and to loose them from all instruments of restraint, "to apply moral remedies to mortifying mischiefs." He had to take down separating bars of iron in the corridors, and ringlets from the bedsteads, by which it was thought necessary to confine the more refractory patients, as they were called, at night; and it is amongst the most thankful remembrances of his life that he was strengthened to remove those obstructions to judicious treatment from those parts of the Asylum in which these more impulsive patients were placed; and gradually to change what might have borne the designation of a Babel scourge, into a painted gallery with pictures on the walls, and some future antiquarians may find some rusty irons which lie buried in the meadow at the back of the house, and exalt them by imagination into relics of some pre-civilization period.

A question was raised at the Special Meeting upon the condition in life from which the patients were taken, to be admitted into the Asylum: whether they were really and actually chargeable to Unions or Parishes. The demand for room led more particularly to this enquiry. There are several such suspected cases in the Asylum. The relatives of a patient waiting for discharge to-day is one of these. His nephew when he applied for his removal was asked to sign the legal paper on his request, upon reading the words declaring that he should be "no longer chargeable to any Union or Parish," said, with an honesty worthy of imitation "he never *was* chargeable, we sent him here for *cheapness*, and if he becomes unmanageable at home we shall take him to a private Asylum, we may as well pay there as here." This man was admitted as a declared pauper, and brought by the Relieving Officer of a Union. The change of such patients from somewhat independent life at home to pauper life in the Asylum is in itself distracting. It is not alone that the onus is thrown on the Parish authorities, but it leads to the encouragement



of what may be stretched to a *lucrative* pauperism. Their residence among those whose habits and associations will not amalgamate with their own, tends to interfere with that uniformity of treatment to which every inmate has an equal claim. If any more marked consideration is taken of their former indulgences, jealousy and ill feeling arise in the minds of the ordinary inmates, which lead to the infraction of that command, which should be unflinchingly obeyed in an Asylum "let there be no divisions among you." It is quite true, that the condition of such patients may be far more necessitous and pitiable than those chargeable to a Parish. Families make that extreme self-sacrifice and self-denial prompted by boundless affection, which should be met by a somewhat more elastic provision in the County Asylum, which ought to be a sanitary focus as far as possible for the whole County, and a retirement immediately at hand for the very recent cases, which may almost logically be said to grow on the border of *prevention*, as distinguished from the cure of actually established stage of disease.

Another question (unanswered on the spur of the moment) was, what number of patients had been admitted in this ominous year *not* by Magisterial authority. Of these there are a large number—*forty-eight*. It would almost appear from so large a number being thus admitted in one year, that the latitude given by the Lunacy Law has been stretched beyond the evident contemplation of an emergency: a Magistrate's signature not being readily obtainable; and the sacred functions of clergymen have been intruded upon as a matter of ease and convenience.

In addition to those patients now in the house who are not paupers in the true sense of the word, there are six males and four females, epileptic, idiotic, and imbecile children, *one only seven years of age*. If such poor little things "cradled in grief and nurtured in convulsion," are to remain in the County Asylums, it will be necessary to provide *cradles*

for this infant community. It is a question of serious contemplation and a noble problem for the legislature to solve, what is to be done with these babies. An Asylum for idiotic and imbecile children is now in development and progress in Ireland, to whose funds His Royal Highness the Prince of Wales some time ago made a very handsome contribution, and another is being erected near Warwick. It has also been mooted by the Magistrates of Northampton and others, as to the necessity of building a separate abode for *idiots*: and it would be well if these helpless children were separately provided for.

The condition in which several patients have been admitted has not been very satisfactory: some who could hardly be expected to survive many days; and one was brought in late one night whose death could only be looked for before the morning. She has most unexpectedly recovered by hourly watching by day and night for weeks after her admission.

A caution is needed that discharged patients, females especially, should not be subjected to any annoyance on their way home. Two women complained very much of being left to sleep at a noisy public house. It is very desirable that patients should be sent for as *early* as convenient in the day.

Advantage has been taken of the statutory clause sanctioning the removal of patients *on trial*, and with very satisfactory results. Eleven have been sent out under this clause, repeated information of their welfare has been conveyed, and not one of them has been sent back: all have been legally certified fit to remain at home. The Superintendent has upon the discharge of every patient, given a printed notice of *request* to the relatives, that he may be informed of their state from time to time after return home, a copy of which is appended to this report. There is perhaps nothing more difficult to ascertain than all those concurring circumstances which may arise to induce mental



or cerebral changes. Erroneous impressions are very apt to occur when anything unpleasant arises, and when these are clenched by "poverty's unconquerable bar," it is no wonder that fresh attacks take place, which those who are ignorant of the Protean nature of insanity may misrepresent, and misconstrue into impropriety of the original discharge: and if any untoward act should subsequently take place, denominate that discharge as "premature." An imputation of this kind was conveyed on the re-admission of a patient who had continued well for four years. He is now constantly employed in agricultural labour. Patients who have been soothed and caressed in the Asylum must from a variety of circumstances be more susceptible when they may experience a reverse. Unexpected seizures can neither be truly accounted for, nor entirely prevented: and they can only be left to the power of Him whose miracles were not confined to healing the diseased body, but were shewn even in greater glory over the world of spirits.

Several attempts at suicide have been made in this year, but not one successfully. The female attendants have lately been suffering very much from the determination of a woman to carry out her threat of effecting it. The anxiety that these patients occasion to those who watch over them no tongue can tell, and unless the act is committed through great inattention, the language of censure should be very sparingly used. The attendants to retain their own sanity under their distress need sympathy rather than reproof. They suffer enough by the horror at the act when committed.

The Benevolent Fund originated by the Superintendent in 1862 and generously supported, has been found of great service to several of the patients who have left, and a grateful acknowledgement is here made of that liberal addition to it by the legacy of Mr. CRAWFORD, superseding the necessity of that common appeal to all who are charitably disposed: the funds are always low, they are so at this



moment. Two sisters who were lately discharged on the same day are now partaking of the benefit of this fund. A report of their condition has just been received, from which the satisfactory conclusion may be drawn, that instead of being returned, and becoming in some probability permanent inmates of the Asylum, they may get into useful service (one of them has done so) and be active and happy women through life.

A question has been agitated at the Kent Asylum as to the legal power of the visitors to grant, or of the Superintendent to *give*, leave of absence from the Asylum to such patients as he or they think proper for short periods of visits to their friends, *unaccompanied by an attendant*. The Commissioners in Lunacy who supported the affirmative, obtained a corroborative opinion from the Law Officers of the Crown. The retention of this power is one of the most valuable auxiliaries the Superintendent holds in his hands. It must quiet the patient's mind to find that he is not shut out from all domestic and kindred influence and family intercourse. A female from Woodbridge occasionally spends an evening with her relatives, and several others enjoy their permitted visits to those friends who express real interest in their welfare. It is a privilege many have long enjoyed, and which has never been abused.

There are other questions which demand the attention of high authority for solution. The President of the Lunacy Board has objected to the obscurity of many of the clauses of the Lunatic Asylums Act, and urged a more plain and simple interpretation of them. It is not always easy to define the limits of the line of legality, or to solve in letter and in spirit the problems of this labyrinthine law. It may almost be compared to the Divorce Act of which Sir CRESSWELL CRESSWELL declared, that eight Acts of Parliament must be studied to understand it.

A young woman escaped from the kitchen last Christmas Eve, and contrived to hide herself for three days and nights

in Ufford Thick. It was ascertained that she had not returned to her parish, and search was unceasingly made for her nearer home. On the following Sunday afternoon a groan was heard in the wood, she was discovered *cold* and almost lifeless from want and exposure. She said she was hungry and wanted to come back but she could not: she knew all that was going on, that she watched different persons who came to the House, that she heard the bells as they rang for meals, (wanting food herself) and that she listened to the Christmas Carols of the Assistant Medical Officer and five of the female attendants, who as volunteer Waits kindly serenaded with delicate invocations under the Superintendent's window. By restoratives and warmth, with motherly care from the housekeeper and the nurses, this poor girl recovered from her forlorn condition: she is now in the House well and hearty, but with a most strange renewal of perverted impressions, she declares that she will get away again before Christmas. She has made two attempts within the last few days, and though she has gone on throughout the year without the expression of a wish to go away, always apparently contented and cheerfully employed; she declares her resolve to get away *this* Christmas, the returning anniversary of her former escape. This revolving resolution makes this a very anxious but at the same time a very interesting case. The patient is now closely watched.

There is still plenty of work in hand for the coming year. Two government fire engines have been purchased; one to be placed at the front, the other at the back of the building: it is hoped that neither of them will ever be needed. They afford however, now in working order, that protection which had long been wanted against fire: they are first-class engines, and were obtained at a trifling cost through a friend of the Superintendent's, who has in many ways shewn great interest in all the concerns of the Asylum, BARRINGTON PIERS, Esq., of Woolwich dockyard.



Several of the suggestions of the Commissioners in Lunacy have been acted on: two additional attendants on each side of the House (demanded indeed, irrespectively of the suggestion from increasing numbers) have been engaged; and an amended diet by an additional meat dinner every Sunday been allowed. The best proof however that the dietary is ample, is afforded by the altered appearance which the patients present when they go out, to that in which many of them are brought *in*. One woman who complains of its being insufficient, declares that no quantity of meat short of fourteen thousand pounds a day will satisfy her. This is one of the women to whom reference was made in the Commissioners last report: the other is one of the lustiest patients in the House, who declares she has no stomach and is *starved*. Her *personal appearance* contradicts *both* these assertions.

The patients have enjoyed their usual indulgences, walks and rides to the sea-side which have been frequently reported. They are now decorating the House for Christmas with great taste, and one convalescent patient told her husband last week that she should not be at home directly; I shall wait she said "to dance with our Doctor."

It is a pleasing duty to have once again to report favourably of the conduct of *all* the residents in the House. The officers and attendants have been uniformly kind and attentive, and though difficulties have arisen, (and they can hardly be expected to diminish in advancing life) they have hitherto been overcome by the labours of a united-service household: and the Superintendent can only close another report with the desire for the continuance of that peace, contentment, and happiness which has never been seriously disturbed.

JOHN KIRKMAN, M.D.



TABLE I.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, during the year 1868.

	Male.	Female.	Total.
In the Asylum January 1st, 1868 -	163	217	380
Admitted for the first time during the year	57	69	126
Re-admitted during the year - - -	2	6	8
	59	75	134
Total under care during the year - - - -	222	292	514
Discharged or removed—			
Recovered - - -	19	21	40
Relieved - - -	6	13	19
Not improved - -			
Died - - - -	19	22	41
Total discharged and died during the year - - - -	44	56	100
Remaining in the Asylum, 31st December, 1868, (inclusive of absent on trial—males and females) -	178	236	414
Average numbers resident during the year - - - -	177	230	407

TABLE II.—Showing the ADMISSIONS, RE-ADMISSIONS, DISCHARGES, and DEATHS, from the opening of the Asylum to the present date, December 31, 1868.

	Male.	Female.	Total.
Persons admitted during the period of 40 years - - - -	1526	1793	3319
Total of cases admitted - -			
Discharged or removed—			
Recovered - 691 908 1599			
Relieved - - 154 181 335			
Not improved 17 21 38			
Died - - - 620 590 1210			
Total discharged and died during the 40 years - - - -	1482	1700	3182
Remaining, 31st December, 1868 -	178	236	414
Average numbers resident during the 40 years - - - -	109	194	303

TABLE III.—Showing the Causes of DEATH during the year 1868.

Causes of Death.	Male.	Fem.	Total
CEREBRAL OR SPINAL DISEASE :			
Apoplexy and Paralysis - - - -	4	2	6
Epilepsy and Convulsions - - - -	1	2	3
General Paralysis - - - -		1	1
Maniacal and melancholic exhaustion or decay - - - -	5	8	13
Inflammation and other diseases of the Brain, as softening, tumours, cancer, tubercle, effusion, &c. - - -	1	1	2
THORACIC DISEASE :			
Inflammation of the Lungs, Pleuræ, and Bronchi - - - -			
Pulmonary Consumption - - - -	4	2	6
Disease of the Heart, - - - -	1	1	2
ABDOMINAL DISEASE :			
Inflammation of the Stomach, Intestines, or Peritoneum - - - -			
Dysentery and Diarrhœa - - - -		2	2
Fever - - - -			
Erysipelas - - - -			
Cancer - - - -			
General Debility and Old Age - - -	4	3	7
Suicide and Accidents - - - -			
Scrofula - - - -			
TOTAL - - -	20	22	42



TABLE IV.—Shewing the ADMISSIONS, DISCHARGES, and DEATHS; with Admissions, for each Year

YEARS.	Admitted.			Discharged.							
				Recovered.			Relieved.			Not Improved.	
	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.
From the opening of the Asylum to 31st Dec. 1861	1290	1374	2764	561	721	1282	113	129	242	17	2
1862 - - - -	53	61	114	22	27	49	4	4	8		
1863 - - - -	54	61	115	21	35	56	1	5	6		
1864 - - - -	45	70	115	20	34	54	4	3	7		
1865 - - - -	61	60	121	26	30	56	6	5	11		
1866 - - - -	40	64	104	17	33	50	7	3	10		
1867 - - - -	55	70	125	20	29	49	2	1	3		
1868 - - - -	57	75	134	19	21	40	6	13	19		
TOTALS (40 years) and Averages -	1655	1835	3592	706	930	1636	143	163	306	17	2

TABLE V.—Showing the History of the ANNUAL ADMISSIONS since the each Year remaining

Admitted.						Of each Year's Discharged and Died								
YEAR.	New Cases.		Relapsed Cases.			Recovered.			Relieved.			Not Improved.		
	Males.	Fem.	Males.	Fem.		Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
1861 -	1278	1357	12	17	2764	561	721	1282	118	131	249	17	20	37
1862 -	53	61			114	22	27	49	4	4	8		1	1
1863 -	54	61			115	21	35	56	1	5	6			
1864 -	45	68		2	115	20	34	54	4	3	7			
1865 -	58	59	3	1	121	26	30	56	6	5	11			
1866 -	38	63	2	1	104	17	33	50	7	3	10			
1867 -	48	55	7	15	125	20	29	49	2	1	3			
1868 -	49	58	9	18	134	19	21	40	6	13	19			
TOTAL.	1623	1782	33	54	3592	706	980	1636	148	165	313	17	21	38

## SUMMARY of the Total Admissions

Per-centage of Cases Recovered -	
„ Relieved	
„ Not Improved	
„ Dead -	
„ Remaining -	

an Annual Mortality and the proportion of Recoveries per Cent. of the opening of the Asylum.

Died.			Remaining 31st December, 1868.			Average Numbers Resi- dent.			Per-centage of Recoveries on Admissions.			Per-centage of Deaths on Average Numbers Resident.		
Fem.	Total.		Male.	Fem.	Total.	Male.	Fem.	Total.	Male.	Fem.	Mean.	Male.	Fem.	Mean.
434	914		3358	4006	7364	383	476	859	83	124	102	47	42	44
15	33		138	201	339	146	190	336	15	14	14	12	7	9
25	50		145	197	342	148	190	338	16	18	17	16	13	14
28	41		153	202	355	152	194	346	13	17	15	8	14	11
15	35		162	211	373	161	211	372	16	14	15	12	7	9
35	56		157	204	361	156	206	362	11	16	13	13	16	14
27	54		163	216	379	165	212	367	10	17	13	14	16	15
22	41		198	236	414	177	232	409	11	19	15	16	17	16
601	1224		4474	5473	9927	1488	1911	3389	175	239	204	138	132	132

of the Asylum, with the DISCHARGES and DEATHS, and the Numbers of 31st December, 1868.

Total.	Total Discharged and Died of each Year's Admissions.												Remaining of each Year's Admissions 31st December 1868		
	Recovered.			Relieved.			Not Im- proved.			Died.					
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.	males.	Fem.	Total.	Males.	Fem.	Total.
914	561	721	1282	113	129	242	17	20	37	480	434	914	3358	4006	7364
33	22	27	49	4	4	8		1	1	18	15	33	138	201	339
50	21	35	56	1	5	6				25	25	50	145	197	342
41	20	34	54	4	3	7				13	28	41	153	202	355
35	26	30	56	6	5	11				20	15	35	162	211	373
56	17	33	50	7	3	10				21	35	56	157	204	361
54	20	29	49	2	1	3				27	27	54	163	216	379
41	19	21	40	2	3	5				19	22	41	178	236	414
24	706	930	1636	139	153	292	17	21	38	623	601	1224	4454	5473	9927

	Males.	Females.	Total.
-	158	211	369
-	137	153	290
-	17	21	38
-	23	31	54
-	178	236	414

TABLE VI.—Showing the Length of Residence in those Discharged RECOVERED, and in those who have DIED during the year 1868.

Length of Residence.	Recovered.			Died.		
	Male.	Fem.	Total	Male.	Fem.	Total
Under 1 month - -				2	3	5
From 1 to 3 months -	3	7	10	2	4	6
„ 3 „ 6 „ -	7	6	13	4	7	11
„ 6 „ 9 „ -	5	5	10			
„ 9 „ 12 „ -	2	5	7		1	1
„ 1 „ 2 years -	4	8	12	2	3	5
„ 2 „ 3 „ -	2	2	4	3	1	4
„ 3 „ 5 „ -	2	1	3	2	0	2
„ 5 „ 7 „ -						
„ 7 „ 10 „ -						
„ 10 „ 12 „ -					2	2
„ 12 „ 15 „ -				1	0	1
„ 15 „ 20 „ -				3	0	3
„ 20 „ 30 „ -					1	1
„ 30 „ 40 „ -						
TOTAL - -	25	34	59	19	22	41



# SUFFOLK COUNTY ASYLUM.



*Dr. Kirkman will be much obliged by receiving such  
information as any relative or friend may be able to give  
him of the state and condition of.....*

*.....*  
*within a few weeks after his discharge on the..... of*  
*.....*

